

New legislation brings changes to your health care data

From Julie French, Benefits manager:

Legislation that takes effect April 14 will change the way the company deals with employee health care information. Because the new law will affect the way your private health information is handled and will impact how much the Benefits Department can intervene on your behalf, you need to be prepared for the changes.

On April 14, the company must fully comply with the Health Insurance Portability and Accountability Act (HIPAA) of 1996. A primary focus of the legislation is to ensure the privacy of an individual's health information maintained by health plans, health care providers and health care clearinghouses.

At the INEEL and in businesses and companies nationwide, the main effect of complying with HIPAA involves increased restrictions on using and disclosing protected health information.

As a result, Benefits Department representatives will become even more sensitive to their responsibilities in safeguarding any personal health information that they obtain in the course of administering the company's benefits program.

The impacts of the law mean that the Benefits Department is implementing more stringent measures in protecting personal health information. Benefits Department representatives who receive personal health information from a participant or a health plan are prohibited from disclosing it in any unauthorized manner.

Greater responsibility on you

Although the past practice at the INEEL has been to assist employees with health care claim problems, this practice will be greatly reduced or curtailed effective April 14. Now, without specific authorization from you, Benefits Department representatives are limited by this legislation in their ability to help you

Now, it's the law

Effective April 14, this is how the

Health Insurance Portability and Accountability Act (HIPAA) affects you:

- **Privacy regulations go into effect.**
- **You must take greater responsibility for resolving your own benefits claims problems.**
- **The Benefits Department is restricted in being able to help if you experience benefits claims problems.**
- **Only those you authorize are permitted to receive your personal health information.**

with benefits issues related to any of the company's health plans.

In all situations, you will be instructed to call the specific plan directly to attempt to resolve problems. For example, you'll be directed to call Aetna for any Aetna-administered health benefits. Likewise, those of you on out-plant status in the Washington, D.C., area will be directed to call your HMO if you elected Kaiser coverage.

In general, it is your responsibility to resolve conflicts with your health plan. Only after you have tried to resolve the issue may the Benefits Department become involved.

If you become frustrated by your attempts to resolve claims issues, or if it's apparent that the administrator of your health plan, HMO or health care insurer has made an error, then the Benefits Department can be asked to intervene. For that to happen, however, you'll be required to

complete an "Authorization Form for Use and Disclosure of Health Information."

Any information about a medical condition, illness, diagnosis or treatment that the Benefits Department receives (from you or the administrator) in the process of assisting you will be returned to your health plan. No copies of such information will be retained at the INEEL.

Implications at the INEEL

To comply with HIPAA regulations, representatives of the Benefits Department have been trained in their responsibilities to protect employee or dependent health information, and in the restrictions they'll operate under.

The HIPAA regulations also affect how insurance companies, health care providers and benefits administrators deal with personal health information. All the entities that administer health plans or provide health insurance to the *Benefits by Design* medical,

dental and vision plans must comply with the requirements designed to protect the confidentiality of the personal health information of participants.

Depending upon the benefits providers you've selected, you'll soon receive "notice of privacy practices" information from

- The *Benefits by Design* medical plan
- Kaiser Permanente (Mid-Atlantic) HMO
- Willamette Dental Plan of Idaho
- Delta Dental Plan of California
- Vision Services Plan

The changes discussed here will impact all participants in the *Benefits by Design* medical, dental and vision plans. As these legal requirements are implemented, the Benefits Office appreciates your assistance and understanding.

